FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 19, 2001 8:00 am Secretary of State DOCUMENT # 674219 EXPO. INC., A PAINTING CONTRACTOR 01-19-2001 90020 008 ***150.00 Principal Place of Business Mailing Address 6900 NW 77TH TERRACE 6900 NW 77TH TERRACE MEDLELY FL 33166 MEDLELY FL 33166 60005743 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2019444 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KRAFP, JAMES K Street Address (P.O. Box Number is Not Acceptable) 8900 SW 120TH STREET **MIAMI FL 33176** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its intangible After MAY.1, 2001 Fee will be \$550.00. Make Check Payable to Department of Star 10. Election Campaign Financing \$5.00 May Be ... Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Change ☐ Addition TITLE **▼** Delete TITLE SAUER, BERTHOLD NAME NAME 300 PAYNE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition PRESIDENT SAVER GERHARDL 6900 NW 17 FERR SAUER, GERHARD L NAME STREET ADDRESS 720 WREN AVE STREET ADDRESS CITY-ST-ZIP MIAMI SPGS FL CiTY-ST-7IP Delete _ ☐ Change ☐ Addition TITLE TITLE SAUER, HERBERT M NAME NAME STREET ADDRESS 1251 QUAIL AVE STREET ADDRESS C(TY-ST-7IP CITY-ST-ZIP MIAMI SPGS FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZR 1/8/01(305)884-1394
Date Daytime Phone #